

Benefits Specialist:
Return Address:

HOW TO FILL OUT THIS FORM:

1. Your reporting period is
2. Fill out & return this form:
on or after the 15th and no later than the 20th
Your case may be closed if: your form is late; not filled out correctly;
or you do not send proof of the changes/income.
**RETURN COMPLETED FORM TO YOUR
LOCAL DEPARTMENT OF SOCIAL SERVICES OFFICE.**

Case Number: TANF: FS: MED:

Case Name and Mailing Address:

Agency Use Only:

Date Received:

Monthly Report for

HOUSEHOLD MEMBERS

1. Current Members.

If any of the individuals listed above left or plan on leaving, circle names(s) and list date(s) the person(s) left or date person(s) will leave. _____

2. Did anyone or will anyone move into your home before the 1st of next month?

☐ Yes ☐ No

If YES, complete the boxes below.

Who?	Arrival Date	Relationship to You	Marital Status	Date of Birth	Social Security Number	U.S. Citizen	Do they buy & fix meals with you?	Race	Sex
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Completion of SSN/Citizenship is optional for individuals not requesting assistance. Completion of race is voluntary and will not affect eligibility or benefits.

3. Did any NEW household members receive Food Stamps or commodities in any state in the past month?

☐ Yes ☐ No

If YES, from where? _____

EXPENSES from the 15th through the 14th

4. Have you moved or will you move?

☐ Yes ☐ No

If YES, **SEND PROOF** of your new address and your portion of the rent/mortgage amount.

New Address: _____ Date moved or will move: _____
(Street, City, State, Zip code)

Mailing Address (if different than above address): _____

4a. If you have moved, what utilities do you pay? Check the boxes beside all that apply and **SEND PROOF**.

<input type="checkbox"/> Heating Check Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood	<input type="checkbox"/> Cooling	<input type="checkbox"/> Electricity	<input type="checkbox"/> Water	<input type="checkbox"/> Garbage	<input type="checkbox"/> Sewage	<input type="checkbox"/> Telephone (including cell phone)
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5. Have you or anyone in your home been billed for any child or adult care expenses?

☐ Yes ☐ No

Who was receiving the child/adult care? _____

If YES, **SEND PROOF**, including amount, date, and provider's signature.

6. Did you or anyone in your home make any court ordered child support payments?

☐ Yes ☐ No

If YES, **SEND PROOF**, including amount, date paid, and who it was paid to. (You do not need to send proof if paid to SD Child Support)

7. Do you live on an Indian Reservation?

☐ Yes ☐ No

INCOME from the 15th through the 14th

8. Did you or anyone in your home start a job or expect to start a job?

☐ Yes ☐ No

If YES, complete the boxes below.

Who?	Place of employment	Start date	Wages per hour	Hours per week	When will you get your first check?	How often are you paid?
			\$			<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly
			\$			<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly

9. Did you or anyone in your home stop working?

☐ Yes ☐ No

Who?	Where?	When will you get your last check?

10. Did you or anyone in your home receive money from a job during the reporting period?

☐ Yes ☐ NoIf YES, **SEND PROOF** of each check as well as a statement on tips (if not listed on each check).

If you are self-employed, you must submit a ledger showing your gross income and any expenses (exception: farm self employment).

11. Did you or anyone in your home receive money that was not from work?

☐ Yes ☐ NoIf YES, complete the boxes below and **SEND PROOF** if it is a new source or a different amount.

Examples of unearned income: Child Support, Social Security, SSI, GA, Pensions, Unemployment Insurance,

Worker's Compensation, Military Allowances, Dividends, Veteran's Benefits, Alimony, Rent Income, Back Payments, Insurance Settlements, etc.

If you are not sure if it is income, please list it.

Who?	Type of money	What date was it received?	How much was received?
			\$
			\$
			\$
			\$

MEDICAL

12. Has there been a change in private health insurance for anybody receiving medical assistance?

☐ Yes ☐ NoIf YES, complete the boxes below and **SEND PROOF** of insurance if it is a new policy (copy of front/back of insurance card).

Who?	Name of Private Insurance Co.	Type of coverage	Policy number	Group number	Start date	Stop date

OTHER INFORMATION

13. Has there or will there be a change in school attendance?

☐ Yes ☐ No

If YES, complete the boxes below.

Who?	What will or what did happen?	Date of Change	Name of School	Boarding School	Enrollment Status
	<input type="checkbox"/> Start <input type="checkbox"/> Quit <input type="checkbox"/> Graduated <input type="checkbox"/> Reduced hours			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Less than half time

14. Is there anything else you would like to report to your Benefits Specialist?

☐ Yes ☐ No

If YES, explain below. (If more space is needed attach a separate sheet)

Examples: changes in vehicles (bought and/or sold one), opened/closed bank accounts, etc.

DO NOT SIGN, DATE, OR RETURN THIS FORM UNTIL THE 15TH

Signature of Recipient/Authorized Rep

Date

Phone Number